



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2008  
OF THE CONDITION AND AFFAIRS OF THE

OmniCare Health Plan, Inc.

NAIC Group Code	1137	(Current Period)	1137	(Prior Period)	NAIC Company Code	12193	Employer's ID Number	20-1052897
Organized under the Laws of	Michigan				State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States							
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]		Dental Service Corporation [ ]			
	Vision Service Corporation [ ]		Other [ ]		Health Maintenance Organization [ X ]			
	Hospital, Medical & Dental Service or Indemnity [ ]				Is HMO, Federally Qualified? Yes [ ] No [ X ]			
Incorporated/Organized	04/22/2004				Commenced Business	10/01/2004		
Statutory Home Office	1333 Gratiot, Ste 400				Detroit, MI 48207			
	(Street and Number)				(City or Town, State and Zip Code)			
Main Administrative Office	1333 Gratiot, Ste 400							
	Detroit, MI 48207				313-465-1519			
	(City or Town, State and Zip Code)				(Area Code) (Telephone Number)			
Mail Address	1333 Gratiot, Ste 400				Detroit, MI 48207			
	(Street and Number or P.O. Box)				(City or Town, State and Zip Code)			
Primary Location of Books and Records	1333 Gratiot, Ste 400							
	Detroit, MI 48207				313-465-1519			
	(City or Town, State and Zip Code)				(Area Code) (Telephone Number)			
Internet Website Address	www.omnicarehealthplan.com							
Statutory Statement Contact	Kenyata J. Rogers				313-465-1519			
	(Name)				(Area Code) (Telephone Number) (Extension)			
	KJRogers@cvty.com				313-465-1604			
	(E-mail Address)				(FAX Number)			

OFFICERS

Name	Title	Name	Title
Beverly Ann Allen	President & Chief Executive Officer	Kenyata Jamilea Rogers	Chief Financial Officer
John Joseph Ruhlmann	Corporate Controller	Francis Samuel Soistman, Jr.	Executive Vice President

OTHER OFFICERS

Jonathan David Weinberg	Assistant Secretary	Shirley Ann Roquemore-Smith	Secretary
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DIRECTORS OR TRUSTEES

Francis Samuel Soistman Jr.	Ernestine Romero	Steven Dengler	Jan H. Hodges
Tiawauna Lowe #	Beverly Ann Allen		

State of .....Michigan.....

ss

County of .....Wayne.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Beverly Ann Allen  
President & Chief Executive Officer

Kenyata Jamilea Rogers  
Chief Financial Officer

John Joseph Ruhlmann  
Corporate Controller

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ February, 2009

Rochelle D. Jenkins  
Notary Public  
December 25, 2012

a. Is this an original filing? Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

## ANNUAL STATEMENT FOR THE YEAR 2008 OF THE OmniCare Health Plan, Inc.

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]



# ANNUAL STATEMENT FOR THE YEAR 2008 OF THE OmniCare Health Plan, Inc.

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

[illegible]







EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	162,160		106,234	55,926	55,926	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total	162,160	0	106,234	55,926	55,926	0





ANNUAL STATEMENT FOR THE YEAR 2008 OF THE OmniCare Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

OmniCare Health Plan, Inc.																					
NAIC Group Code		1137		BUSINESS IN THE STATE OF Michigan				DURING THE YEAR 2008				(LOCATION)		NAIC Company Code		12193					
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10			
				2	3																
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year		55,778																55,778			
2 First Quarter		55,875																55,875			
3 Second Quarter		54,938																54,938			
4. Third Quarter		54,611																54,611			
5. Current Year		54,707																54,707			
6 Current Year Member Months		659,957																659,957			
Total Member Ambulatory Encounters for Year:																					
7. Physician		399,740																399,740			
8. Non-Physician		69,119																69,119			
9. Total		468,859		0		0		0		0		0		0		0		468,859		0	
10. Hospital Patient Days Incurred		31,919																31,919			
11. Number of Inpatient Admissions		7,263																7,263			
12. Health Premiums Written (b)		178,696,927																178,696,927			
13. Life Premiums Direct		0																			
14. Property/Casualty Premiums Written		0																			
15. Health Premiums Earned		178,696,927																178,696,927			
16. Property/Casualty Premiums Earned		0																			
17. Amount Paid for Provision of Health Care Services		152,501,219																152,501,219			
18. Amount Incurred for Provision of Health Care Services		152,219,572																152,219,572			

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 0



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE OmniCare Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      OmniCare Health Plan, Inc.      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1137	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2008					NAIC Company Code		12193
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
<b>Total Members at end of:</b>											
1. Prior Year .....	55,778	0	0	0	0	0	0	0	55,778	0	
2. First Quarter .....	55,875	0	0	0	0	0	0	0	55,875	0	
3. Second Quarter .....	54,938	0	0	0	0	0	0	0	54,938	0	
4. Third Quarter .....	54,611	0	0	0	0	0	0	0	54,611	0	
5. Current Year	54,707	0	0	0	0	0	0	0	54,707	0	
6. Current Year Member Months	659,957	0	0	0	0	0	0	0	659,957	0	
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....	399,740	0	0	0	0	0	0	0	399,740	0	
8. Non-Physician .....	69,119	0	0	0	0	0	0	0	69,119	0	
9. Total	468,859	0	0	0	0	0	0	0	468,859	0	
10. Hospital Patient Days Incurred	31,919	0	0	0	0	0	0	0	31,919	0	
11. Number of Inpatient Admissions	7,263	0	0	0	0	0	0	0	7,263	0	
12. Health Premiums Written (b).....	178,696,927	0	0	0	0	0	0	0	178,696,927	0	
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	178,696,927	0	0	0	0	0	0	0	178,696,927	0	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	152,501,219	0	0	0	0	0	0	0	152,501,219	0	
18. Amount Incurred for Provision of Health Care Services	152,219,572	0	0	0	0	0	0	0	152,219,572	0	

(a) For health business: number of persons insured under PPO managed care products      0      and number of persons under indemnity only products      0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees      \$      0

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## ANNUAL STATEMENT FOR THE YEAR 2008 OF THE OmniCare Health Plan, Inc.

## SCHEDULE S - PART 2

**Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year**

[illegible]

## 32

## 32

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Schedule S-Part 5  
Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2008	2 2007	3 2006	4 2005	5 2004
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	1,139	1,159	1,081	817	50
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	470	387	9	500	34
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O).....	0	0	0	0	0

SCHEDULE S-PART 6  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10) .....	34,362,386		34,362,386
2. Accident and health premiums due and unpaid (Line 13).....	0		0
3. Amounts recoverable from reinsurers (Line 14.1).....	470,480	(470,480)	0
4. Net credit for ceded reinsurance.....	XXX	470,480	470,480
5. All other admitted assets (Balance).....	3,761,153		3,761,153
6. Total assets (Line 26)	38,594,019	0	38,594,019
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	16,797,871	0	16,797,871
8. Accrued medical incentive pool and bonus payments (Line 2).....	256,719		256,719
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	717,697		717,697
13. Total liabilities (Line 22).....	17,772,287	0	17,772,287
14. Total capital and surplus (Line 31).....	20,821,732	XXX	20,821,732
15. Total liabilities, capital and surplus (Line 32)	38,594,019	0	38,594,019
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance .....	0		
19. Reinsurance recoverable on paid losses .....	470,480		
20. Other ceded reinsurance recoverables .....	0		
21. Total ceded reinsurance recoverables .....	470,480		
22. Premiums receivable .....	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
24. Unauthorized reinsurance .....	0		
25. Other ceded reinsurance payables/offsets .....	0		
26. Total ceded reinsurance payables/offsets .....	0		
27. Total net credit for ceded reinsurance	470,480		



SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI	0	0	0	0	0	0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

SCHEDULE Y  
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	52-2073000	Coventry Health Care Inc	332,050,000	(225,199,000)			426,260,799	0			533,111,799	0
	51-0406894	Coventry Financial Mgmt Services, Inc.	0	0			5,183,014	0			5,183,014	0
96460	51-0293139	Coventry Health Care of Delaware, Inc.	0	0			(17,082,850)	(2,897,552)			(19,980,402)	3,111,010
95282	51-0353639	Coventry Health Care of Georgia, Inc.	(10,700,000)	4,000,000			(21,296,785)	(2,638,606)			(30,635,391)	824,445
	52-1801446	Group Dental Services, Inc.	0	0			2,901,982	0			2,901,982	0
	52-2248239	Coventry Services Corporation	0	0			6,567,245	0			6,567,245	0
95241	42-1244752	Coventry Health Care of Iowa, Inc.	(5,500,000)	0			(6,142,858)	(2,005,823)			(13,648,680)	972,337
95925	42-1308659	Coventry Health Care of Nebraska, Inc.	(24,600,000)	0			(625,437)	535,352			(24,690,084)	838,331
95283	51-0353638	Coventry Health Care of Pennsylvania, Inc.	0	0			(32,531)	0			(32,531)	0
95173	74-2381406	Coventry Health Care of Louisiana, Inc.	(25,000,000)	0			(6,533,376)	(1,289,197)			(32,822,573)	505,561
95060	25-1264318	HealthAmerica Pennsylvania Inc.	(55,600,000)	0			(13,732,280)	(3,981,019)			(73,313,299)	2,003,722
11102	23-2366731	HealthAssurance Pennsylvania, Inc.	(44,600,000)	9,000,000			(80,787,493)	(3,943,002)			(120,330,495)	4,200,098
	47-0854096	Coventry Prescription Mgmt Services, Inc.	0	0			(129,547,544)	0			(129,547,544)	0
81973	75-1296086	Coventry Health & Life Insurance Company	0	57,000,000			(141,798,346)	35,462,285			(49,336,061)	(28,375,563)
	51-0402388	Coventry Health Care Investment Corp.	0	0			(1,862,869)	0			(1,862,869)	0
96555	54-1576305	Southern Health Services, Inc.	(13,650,000)	0			(19,201,893)	(2,443,638)			(35,295,531)	1,427,276
	01-0646056	Coventry Transplant Network, Inc.	0	0			(98,620)	0			(98,620)	0
96377	43-1372307	Group Health Plan, Inc.	(41,300,000)	0			(42,075,589)	(3,686,132)			(87,061,720)	1,976,363
95318	43-1702094	HealthCare USA of Missouri, LLC.	(11,400,000)	0			(36,131,467)	(2,345,651)			(49,877,118)	3,799,806
95489	48-0840330	Coventry Health Care of Kansas, Inc.	(33,000,000)	0			(19,190,737)	(4,038,044)			(56,228,781)	1,366,465
	25-1794529	Coventry Management Services, Inc.	0	0			498,731,011	0			498,731,011	0
95408	55-0712129	Carelink Health Plans, Inc.	(8,500,000)	0			(13,205,914)	(1,003,227)			(22,709,142)	792,639
	20-0635523	WellPath Preferred Services, Inc.	0	0			(8,392,010)	0			(8,392,010)	0
95321	20-0229117	WellPath Select, Inc.	(13,600,000)	0			(12,030,365)	(2,542,851)			(28,173,216)	3,288,773
11531	02-0639951	CHC Casualty Risk Retention Group, Inc.	(2,500,000)	0			10,686,246	0			8,186,246	0
	62-1411933	Coventry Health Care Mgmt Corp.	0	0			(25,428,090)	0			(25,428,090)	0
	20-1736437	First Health Group Corp.	0	0			(117,300,768)	0			(117,300,768)	0
12604	20-4647469	WellPath of South Carolina, Inc.	0	1,199,000			250,101	(69,076)			1,380,025	70,636
74160	37-1241037	PersonalCare Insurance of Illinois, Inc.	(24,300,000)	0			(22,453,631)	308,818			(46,444,813)	1,090,089
12193	20-1052897	OmniCare Health Plan, Inc.	(8,000,000)	0			(9,130,116)	(991,502)			(18,121,618)	470,480
95407	87-0345631	Altius Health Plans, Inc.	(9,800,000)	0			(30,631,250)	(404,896)			(40,836,146)	508,642
	31-1597878	Provider Synergies, LLC.	0	0			(3,983,245)	0			(3,983,245)	0
	20-4416606	HealthCare USA of Tennessee, LLC.	0	0			39	0			39	0
	51-0410308	HealthAssurance Financial Services, Inc.	0	0			7,733,992	0			7,733,992	0
	26-1582982	MHNet Specialty Services, LLC.	0	0			(2,784,234)	0			(2,784,234)	0
	20-8070994	CHC National Accounts, Inc.	0	0			44	0			44	0
	20-5185442	CHC National Network, Inc.	0	0			77	0			77	0
	20-8217339	Coventry Product Services, Inc.	0	0			59,829,798	0			59,829,798	0
	20-8376354	CHC Workers' Compensation, Inc.	0	0			(20,669,083)	0			(20,669,083)	0
	20-1130063	Florida Health Plan Administrators, LLC.	0	0			89,393,409	0			89,393,409	0
	26-1293772	Coventry Consumer Advantage, Inc.	0	0			12,675	0			12,675	0
	26-3525762	Coventry PDP Rebate Administrators, LLC.	0	0			0	0			0	0
	26-3525637	Coventry Pharmacy Rebate Admin., LLC.	0	0			0	0			0	0
	87-0443226	First Health Strategies, Inc.	0	0			0	0			0	0
		FHC, Inc.	0	0			1,848,750	0			1,848,750	0
	52-1320522	Claims Administration Corp.	0	0			(34,574,196)	0			(34,574,196)	0
90328	38-2242132	First Health Life & Health Ins Co.	0	144,000,000			(46,164,214)	(112,575)			97,723,211	160,334

## 39.1

## SCHEDULE Y

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- |   | Responses     |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?                   | .....YES..... |
| 2. Will an actuarial opinion be filed by March 1?   | .....YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?                           | .....YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | .....YES..... |

APRIL FILING

- |  |               |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1?              | .....YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | .....YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | .....YES..... |

JUNE FILING

- |   |               |
|---|---------------|
| 8. Will an audited financial report be filed by June 1? | .....YES..... |
|---|---------------|

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- |  |              |
|--|--------------|
| 9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?  | .....NO..... |
| 10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | .....NO..... |
| 11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?   | .....NO..... |
| 12. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | .....NO..... |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | .....NO..... |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?                            | .....NO..... |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | .....NO..... |






APRIL FILING

- |   |              |
|---|--------------|
| 16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?                               | .....NO..... |
| 17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?   | .....NO..... |
| 18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? | .....NO..... |






EXPLANATION:

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18.

BAR CODE:

- |     |  |
|-----|--|
| 9.  | <br>1 2 1 9 3 2 0 0 8 3 6 0 5 9 0 0 0 |
| 10. | <br>1 2 1 9 3 2 0 0 8 2 0 5 0 0 0 0 0 |
| 11. | <br>1 2 1 9 3 2 0 0 8 2 0 7 0 0 0 0 0 |
| 12. | <br>1 2 1 9 3 2 0 0 8 4 2 0 0 0 0 0 0 |
| 13. | <br>1 2 1 9 3 2 0 0 8 3 7 1 0 0 0 0 0 |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14.	 1 2 1 9 3 2 0 0 8 3 7 0 0 0 0 0 0
15.	 1 2 1 9 3 2 0 0 8 3 6 5 0 0 0 0 0
16.	 1 2 1 9 3 2 0 0 8 3 3 0 5 9 0 0 0
17.	 1 2 1 9 3 2 0 0 8 2 1 1 5 9 0 0 0
18.	 1 2 1 9 3 2 0 0 8 2 1 3 0 0 0 0 0

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